Suicide Protocol Implementation

We would like your opinion about the content items needed for successful development of a suicide protocol.

Please rate each item below on a scale of 1-5, with 1=lowest feasibility and 5=highest feasibility
Place an X by the number you choose.

I. CRITERIA FOR INTERVENTION

1. A "positive screener" is used to trigger an intervention

1 2 3 4 5

least feasible most feasible

2. A computer calculates responses and automatically triggers the suicidality protocol

1 2 3 4 5

least feasible most feasible

3. Spontaneous mention of suicide, self-harm or persistent thoughts of death is criteria for protocol trigger

1 2 3 4 5

least feasible most feasible

4. A standard assessment is used to determine the extent of the threat

1 2 3 4 5

least feasible most feasible

5. Other:

1 2 3 4 5

least feasible most feasible

II. PERSONNEL

6. Intervention/Evaluation personnel includes a mental health specialist:

1 2 3 4 5

least feasible most feasible

7. Intervention/Evaluation personnel includes an MD

1 2 3 4 5

least feasible most feasible

8. Intervention/Evaluation personnel consists of a Mental Health "Team"

1 2 3 4 5

least feasible most feasible

9. Intervention personnel includes a clearly defined chain of responsibility

1 2 3 4 5

least feasible most feasible

10. Other:

1 2 3 4 5

least feasible most feasible

III. DOCUMENTATION

11. A Report of Contact is used to document incident

1 2 3 4 5

least feasible most feasible

12. A documentation form is individually created by the site/program

1 2 3 4 5

least feasible most feasible

13. Incidents are documented in the Progress Note

1 2 3 4 5

least feasible most feasible

14. Incidents are documented in a computer system designed by the site/program (e.g., PsyOpSys).

1 2 3 4 5

least feasible most feasible

15. Other:

1 2 3 4 5

least feasible most feasible

IV. RESPONSIBILITY

16. The initial contact is made by a clinician

1 2 3 4 5

least feasible most feasible

17. A notification system is created to inform higher-level personnel of incident

1 2 3 4 5

least feasible most feasible

18. In-person assistance by a MH specialist

1 2 3 4 5

least feasible most feasible

19. Incident reports/progress notes require co-signatures

1 2 3 4 5

least feasible most feasible

20. Other:

1 2 3 4 5

least feasible most feasible

V. PROCEDURE

21. A standard battery of questions is asked of each patient

1 2 3 4 5

least feasible most feasible

22. Standard protocol to involve police if necessary

1 2 3 4 5

least feasible most feasible

23. Site protocol interfaces with VAMC protocol

1 2 3 4 5

least feasible most feasible

25. **Follow-up procedures (referral, note to primary care provider, etc.) are defined**

1 2 3 4 5

least feasible most feasible

26. Other:

1	2	3	4	5
least feasible				**most feasible**